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## BIB DATA SHEET

CONFIRMATION NO. 3225

<b>SERIAL NUMBER</b> 09/541,351	<b>FILING or 371(c) DATE</b> 03/31/2000 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> VMED-40004	
<b>APPLICANTS</b> Francisco Jose Barreras SR., Miami, FL; Oscar Jimenez, Coral Gables, FL; <b>** CONTINUING DATA *****</b> This application is a REI of 08/690,968 08/01/1996 PAT 5,733,313 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/30/2000					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KENNEDY Acknowledged SCHAETZLE/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> Thomas R. Vigil Law Offices 319 Bluff Court Barrington, IL 60010 UNITED STATES					
<b>TITLE</b> RF COUPLED, IMPLANTABLE MEDICAL DEVICE WITH RECHARGEABLE BACK-UP POWER SOURCE					
<b>FILING FEE RECEIVED</b> 1162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		